

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

JUN 17 1936

19623

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kan Primary Registration District No. 1002  
 City N.E. (No. Research Hsept. St. Ward)

File No. \_\_\_\_\_  
 Registered No. 2581

**2. FULL NAME**

John Wubbenhart  
 (a) Residence, No. Liberty Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Ma</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>approx 55</u>	MONTHS <u>x</u>	DAYS <u>x</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 25 1936  
 22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Shot wound of the Chest  
Hunting

Other contributory causes of importance:  
no 173

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	13. NAME <u>unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>James Gleason</u> <u>712 Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo.</u> DATE <u>5-25-1936</u>	
19. UNDERTAKER (ADDRESS) <u>H. T. Tiggman &amp; Son</u> <u>N.E. Mo.</u>	
20. FILED <u>May 25 1936</u> <u>M. M. Corone</u> Registrar.	

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 5 22 1936  
 Where did injury occur? Liberty Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury From my firearm  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury due to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) \_\_\_\_\_

